

CALIFORNIA LIQUID WASTE HAULER RECORD

57265

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Nº 9862

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Aluminum Co. of America ☐ ☐ ☐ ☐ Code No.Pick up Address: 1450 Rincon Corona, Ca.Telephone Number: 714 757-0300 (Number) (Street) (City) P.O. or Contract No.Order Placed By: T. Mieldazis Date: 3-26-80Type of Process which Produced Wastes: Production Waste ☐ ☐ ☐ ☐

(Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input type="checkbox"/> Oil |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilling mud |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Cannery waste |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Latex waste |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water |
| | 15. <input type="checkbox"/> Brine |

☐ Other (Specify) _____ Code No.

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Lower	Concentration: %	ppm
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous Properties of Waste:

pH _____ ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosiveBulk Volume: 4500 ☒ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (specify)Special Handling Instructions (if any): None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title: Bob L. Lomax

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): UNITED PUMPING SERVICE ☐ ☐ ☐ ☐Business Address: 2102 Merced Ave., So. El Monte, Calif. 91733 Code No.Telephone Number: (213) 686-2015 (Number) (Street) (City) Pick Up: 3:30 (Date) Time: 3:30 pmState Liquid Waste Hauler's Registration No. (if applicable): 63Job No.: _____ No. of Loads or Trips: 1 Unit No.: 7Vehicle: ☒ vacuum truck _____ barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title: James P. McCarroll

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): John ☐ ☐ ☐ ☐ Code No.

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any) 200

Handling Method(s):

- ☐ recovery
- ☐ treatment (specify): _____
- ☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): _____
- Code No. _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 3/26/80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title: _____

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

DOT Proper Shipping Name Chemicals, N.O.S.